

**New Jersey Department of Health and Senior Services
Clinical Laboratory Improvement Service
PO Box 361, Trenton, NJ 08625-0361**

**APPLICATION FOR LICENSURE OF SCHOOL STREP PROGRAM
(UNDER THE PROVISIONS OF N.J.S.A. 45:9-42.26 ET SEQ.)**

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| INSTRUCTIONS The Department will provide applications for licensure renewal on or before October 1 of each year to be returned to the Department together with the appropriate licensure fee before the succeeding November 1. The Department will mail licenses to school districts no later than January 1 of the licensure year. | Date Mailed | Date Received |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other | |
| | Received By | Check Number |
| | Amount \$ | Check Date |
| Name of School District | | CLIA Certificate Number |
| Address | | City State Zip Code |
| County | Telephone Number | |
| Name of School Superintendent | | |
| Address (if different than above) | | City State Zip Code |
| Name of School Physician | | License Number |
| Name and Address of Schools Covered Under This License 1. _____ _____ 2. _____ _____ 3. _____ _____ | Telephone Number Of School _____ _____ _____ | Testing Done On Site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Attach an additional sheet if necessary with all above information included.</i> | | |
| Name and Address of Licensed Reference Laboratory, if applicable. | | |
| If there are multiple testing sites under one CLIA '88 Certificate, indicate which school is the designated primary site. The proficiency testing results from this school only will be forwarded to HCFA: Name of School _____ | | |
| Name of Rapid Identification Test Kit, if applicable. | | |
| We the undersigned certify that all information given on this application is true, correct and complete as of this date. | | |
| Board Approval | | Date |
| Signature of Physician/Director | | Date |
| Signature of School Superintendent | | Date |